

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

Permit Number: 061033

# PERMIT

This is to certify that Vacca, Christopher & Joyce  
has permission to interior & exterior renovation  
AT 25 MASSACHUSETTS AVE

078 A007001

**PERMIT ISSUED**  
SEP - 1 2006  
CITY OF PORTLAND

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procured before this building or part thereof is started or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

**OTHER REQUIRED APPROVALS**

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*James M. Monahan* 8/29/06  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1033	Issue Date: 07/24/2006	CBL: 078 A007001
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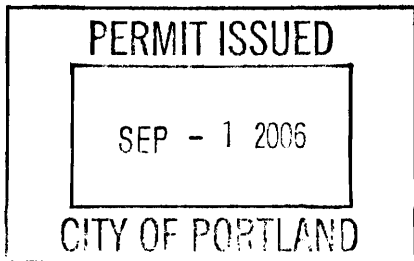
Location of Construction: 25 MASSACHUSETTS AVE	Owner Name: Vacca, Christopher & Joyce	Owner Address: 25 MASSACHUSETTS AVE	Phone:
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R5

Past Use: Single Family Home	Proposed Use: Single Family Home/ interior & exterior renovations	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 3
Proposed Project Description: interior & exterior renovations		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 23 Type: SB  JRC 2003	

Signature:		Signature: <i>Jim</i> 8/24/06	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
Signature:		Date:	

Permit Taken By: Idobson	Date Applied For: 07/14/2006	<b>Zoning Approval</b>	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..



<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> OK w/conditions Date: 7/24/06	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied  Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied  Date:
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**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	25 Massachusetts Ave

## PROPERTY OWNERS NAME

Last:	Vacca	First:	Christopher
Applicant Name:	Christopher Vacca		
Mailing Address of Owner/Applicant (If Different)	94 Walton St Portland, ME 04103		

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

*Christopher Vacca*

Signature of Owner/Applicant

10/11

Date

2006-2328

PORTLAND PERMIT # 10046 TOWN COPY

Date Permit Issued: 10/11/09 \$ [60]  Double Fee FEE Charged

*[Signature]*  
Local Plumbing Inspector Signature

L.P.I. # 02744

78 A 7

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>OR</b>		Urinal	3	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
<b>OR</b>		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			10	Fixtures (Subtotal) Column 2
			9	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No:	06-1694	Issue Date:	NOV 27 2006	DBL:	078 A007001
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<b>Location of Construction:</b> 25 MASSACHUSETTS AVE	<b>Owner Name:</b> VASSA CHRISTOPHER & JOYCE	<b>Owner Address:</b> 25 MASSACHUSETTS AVE	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Avery Services, Inc.	<b>Contractor Address:</b> 7 Thomas Drive Westport	<b>Phone:</b> 7728687
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> HVAC	<b>Zone:</b>

<b>Past Use:</b> Single Family Home	<b>Proposed Use:</b> Single Family Home - Replace boiler in basement w/ New Carrier Boiler	<b>Permit Fee:</b> \$60.00	<b>Cost of Work:</b> \$3,539.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Replace boiler in basement w/ New Carrier Boiler		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>	<b>INSPECTION:</b> Use Group: U Type: HVAC Signature: <i>[Signature]</i> JMC 2003	

<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature: _____ Date: _____

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 11/27/2006	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 11/27/06	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 11/27/06
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*Scanner*

**CERTIFICATION**

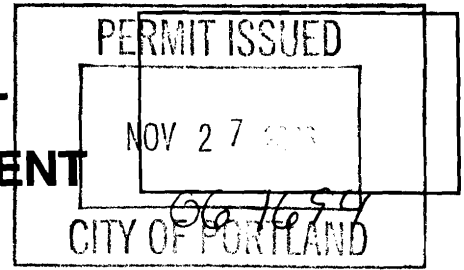
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location / CBL 25 Massachusetts Ave Use of Building Dwelling Date 11-27-06  
 Name and address of owner of appliance Tom Vaccaro  
64 Walton  
 Installer's name and address Avery Services Inc  
7 THOMAS DR West Telephone 772-8687

### Location of appliance:

- Basement
- Attic
- Floor
- Roof

### Type of Fuel:

- Gas
- Oil
- Solid

Appliance Name: American Boiler

U.L. Approved  Yes  No

Will appliance be installed in accordance with the manufacture's installation instructions?  Yes  No

IF NO Explain: \_\_\_\_\_

### The Type of License of Installer:

- Master Plumber # \_\_\_\_\_
- Solid Fuel # \_\_\_\_\_
- Oil # MS30003497
- Gas # \_\_\_\_\_
- Other \_\_\_\_\_

### Type of Chimney:

- Masonry Lined  
Factory built \_\_\_\_\_
- Metal  
Factory Built U.L. Listing # \_\_\_\_\_
- Direct Vent  
Type \_\_\_\_\_ UL# \_\_\_\_\_

### Type of Fuel Tank

- Oil
- Gas

Size of Tank 275

Number of Tanks 1

Distance from Tank to Center of Flame 15 feet.

Cost of Work: \$ 3539

Permit Fee: \$ \_\_\_\_\_

### Approved

### Approved with Conditions

Fire: \_\_\_\_\_

Ele.: \_\_\_\_\_

Bldg.: \_\_\_\_\_

- See attached letter or requirement

Inspector's Signature

Date Approved

Signature of Installer

*Bill Reynolds*